

**THOMAS M. CALLIHAN FIRE SCIENCE
MEMORIAL SCHOLARSHIP
SPONSORED BY
THE MONTICELLO FIRE DEPARTMENT**

NAME: THOMAS M. CALLIHAN FIRE SCIENCE MEMORIAL SCHOLARSHIP

LENGTH: ONE (1) SCHOLARSHIP ANNUALLY

AMOUNT OF SCHOLARSHIP: \$500.00

CONTROL OF FUND: COMMITTEE APPOINTED BY THE MONTICELLO FIRE DEPARTMENT

TYPE:

1. The scholarship will be presented at graduation. All monies will be awarded upon successful completion of a fall semester and a letter from a recognized college of higher education stating the student is enrolled for the spring semester majoring in Fire Science. This proof must be forwarded to the Monticello Fire Department Scholarship Committee.
2. The Selection Committee will determine which student shall receive the scholarship. In the event of multiple eligible applicants the Selection Committee will notify the Monticello Fire Department Scholarship Committee for further action.

CRITERIA:

1. Student must be a graduate of the Monticello High School.
2. The student must have maintained a scholastic average of 85 or higher.
3. The student must have shown participation in community/school activities. (I.e. Thanksgiving food drive, Key Club, Interact, etc.)

SELECTION PROCESS:

1. The Selection Committee is to consist of the Principal, a Guidance Counselor and a Faculty member.

Revised: 02/04/13



APPLICATION FOR MONTICELLO FIRE DEPARTMENT ANNUAL SCHOLARSHIP



STUDENT'S NAME: _____ GRADUATING CLASS OF: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

FIREFIGHTER'S NAME: _____ RELATIONSHIP: _____

YOUR PRESENT SCHOLASTIC AVERAGE: _____

LIST PARTICIPATION IN COMMUNITY/SCHOOL ACTIVITIES: _____

1ST CHOICE:

LIST COLLEGE OR UNIVERSITY OF CHOICE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCEPTED: _____ PENDING: _____

2ND CHOICE:

LIST COLLEGE OR UNIVERSITY OF CHOICE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCEPTED: _____ PENDING: _____